

THIS SPACE IS FOR COURT USE ONLY

FILED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
2008 APR 15 AM 11:27
CLERK OF COURT
OFFICE OF THE CLERK
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Lisa M. Fortune	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>Lisa M. Fortune</u> Signature of Debtor X Not Applicable Signature of Joint Debtor Telephone Number (If not represented by attorney) <u>4-14-05</u> Date		Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition. Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. X <u>Thomas P. Burke</u> <u>4-14-05</u> Signature of Attorney for Debtor(s) Date	
X <u>Thomas P. Burke</u> Signature of Attorney for Debtor(s) Thomas P. Burke, 3010-48 Printed Name of Attorney for Debtor(s) / Bar No. Thomas P. Burke Firm Name 410 West Ninth Street Anderson, IN 46016 Address Telephone Number (765) 643-1133 (765) 643-1140 <u>4-14-05</u> Date		Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Not Applicable Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date		Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. Not Applicable Printed Name of Bankruptcy Petition Preparer Social Security Number (Required by 11 U.S.C. § 110(c).) Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. X Not Applicable Signature of Bankruptcy Petition Preparer Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.	

B 201 (11/03)

UNITED STATES BANKRUPTCY COURT
NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

Chapter 7: Liquidation (\$155 filing fee plus \$39 administrative fee plus \$15 trustee surcharge)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to valid security interest. Your attorney can explain the options that are available to you.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$39 administrative fee)

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under your plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

Chapter 11: Reorganization (\$800 filing fee plus \$39 administrative fee)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

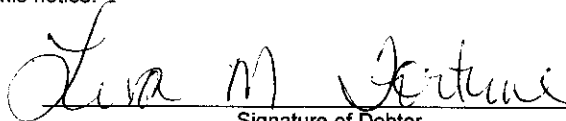
Chapter 12: Family Farmer (\$200 filing fee plus \$39 administrative fee)

Chapter 12 designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family - owned farm.

I, the debtor, affirm that I have read this notice.

4-14-05

Date



Signature of Debtor

Case Number

Form B6
(6/90)

**United States Bankruptcy Court
Southern District of Indiana**

In re **Lisa M. Fortune**

Case No.

Chapter **7**

SUMMARY OF SCHEDULES

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 1,000.00		
B - Personal Property	YES	3	\$ 3,560.00		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 5,746.00	
E - Creditors Holding Unsecured Priority Claims	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	5		\$ 18,540.24	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 2,876.50
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 2,543.00
Total Number of sheets in ALL Schedules ➤		17			
Total Assets ➤			\$ 4,560.00		
Total Liabilities ➤				\$ 24,286.24	

FORM B6A

(6/90)

In re: Lisa M. Fortune

Debtor

Case No. _____

(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Mobile Home	Fee Owner		\$ 1,000.00	\$ 0.00
Total >			\$ 1,000.00	

(Report also on Summary of Schedules.)

FORM B6B
(10/89)In re **Lisa M. Fortune**

Debtor

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		Misc cash on hand		10.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking - Charter One Bank		50.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Misc household goods		300.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Misc clothing		100.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Employer Term		0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.		Federal Employees Retirement Plan		0.00
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interests in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			

FORM B6B
(10/89)In re **Lisa M. Fortune**

Debtor

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.		2004, \$6,000.00 - spent mostly on living expenses		0.00
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		1995 Pontiac Transport Van		3,000.00
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment and supplies used in business.	X			
28. Inventory.	X			
29. Animals.		3 cats		100.00

FORM B6B
(10/89)In re Lisa M. Fortune

Debtor

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed. Itemize.	X			
<u>2</u> continuation sheets attached			Total	\$ 3,560.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

FORM B6C
(6/90)In re **Lisa M. Fortune**

Debtor.

Case No. _____

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemption to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. § 522(b)(1)Exemptions provided in 11 U.S.C. § 522(d). **Note: These exemptions are available only in certain states.**☒ 11 U.S.C. § 522(b)(2)

Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY, WITHOUT DEDUCTING EXEMPTIONS
1995 Pontiac Transport Van	BIS 34-55-10-2(b)(2)	0.00	3,000.00
3 cats	BIS 34-55-10-2(b)(2)	100.00	100.00
Checking - Charter One Bank	BIS 34-55-10-2(b)(3)	50.00	50.00
Misc cash on hand	BIS 34-55-10-2(b)(3)	0.00	10.00
NONE	BIS 34-55-10-2(b)(2)	100.00	100.00
Misc household goods	BIS 34-55-10-2(b)(2)	300.00	300.00
Mobile Home	BIS 34-55-10-2(b)(1)	1,000.00	1,000.00

FORM B6D
(12/03)In re: **Lisa M. Fortune**

Debtor

Case No. _____

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
CNAC 311 South Scatterfield Road Anderson, IN 46012		Security Agreement 1995 Pontiac Transport Van VALUE \$0.00		X		5,746.00	5,746.00

0 Continuation sheets attached

Subtotal >
(Total of this page)
Total >
(Use only on last page)

\$5,746.00
\$5,746.00

(Report total also on Summary of Schedules)

Form B6E

(04/04)

In re Lisa M. Fortune

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Other Priority Debts**

* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Form B6E - Cont.
(04/04)In re **Lisa M. Fortune**

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
ACCOUNT NO.								

Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Priority ClaimsSubtotal
(Total of this page)

\$0.00

Total
(Use only on last page of the completed Schedule E.)

\$0.00

(Report total also on Summary of Schedules)

Form B6F (12/03)

In re **Lisa M. Fortune**

Debtor

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. _____ A1 Cash Advance 1910 East 53rd Street Anderson, IN 46013		12/03 Misc cash advances		X		300.00
ACCOUNT NO. _____ Anderson Community Schools 1229 Lincoln Street Anderson, In 46016		11/04 Misc collections		X		350.00
ACCOUNT NO. _____ Anderson Psychiatric Clinic 431 W. 9th Street Anderson, IN 46016		6/03 Misc medical services		X		50.00
ACCOUNT NO. _____ Brauchla Television & Appliance 1800 W. 8th Street Anderson, IN 46016		6/99 Misc repairs		X		40.00
ACCOUNT NO. _____ Capital One c/o National Action Financial Services P.O. Box 9027 Williamsville, NY 14231		7/02 Misc collections		X		1,227.24

4 Continuation sheets attached

Subtotal >

Total >

\$1,967.24

Form B6F - Cont.
(12/03)In re Lisa M. Fortune

Debtor

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. _____ Cashland 510 S. Scatterfield Road Anderson, IN 46012		12/04 Misc cash advances		X		550.00
ACCOUNT NO. _____ Clarian Health 2212 Reliable Parkway Chicago, IL 60686-0022		7/04 Misc medical services		X		97.00
ACCOUNT NO. _____ Collection Specialists, Inc. P.O. Box 1156 Anderson, IN 46015		2/04 Misc collections		X		313.00
ACCOUNT NO. _____ Community Health Network c/o Joseph S. Schaefer, Esq. 5514 N. Tacoma Ave., #105 Indianapolis, IN 46220		2/04 Misc medical services		X		4,300.00
ACCOUNT NO. _____ Community Hospital Of Anderson P.O. Box 5997 Indianapolis, IN 46255		2/04 Misc medical services		X		5,000.00

Sheet no. 1 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority
ClaimsSubtotal
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

\$10,260.00

Form B6F - Cont.
(12/03)In re **Lisa M. Fortune**

Debtor

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. _____ Community OBGYN 1130 Medical Arts Blvd., 250 Anderson, IN 46011		4/04 Misc medical services		X		1,600.00
ACCOUNT NO. _____ Computer Credit, Inc. P.O. Box 5238 Winston-Salem, NC 27113		6/02 Misc collections		X		100.00
ACCOUNT NO. _____ Jada Sparks 1 Jackson Street Anderson, IN 46016		11/03 Misc collections		X		3,000.00
ACCOUNT NO. _____ Landmark Accounts 1010 W. 8th Street, Ste. 1 Anderson, IN 46016-2660		5/03 Misc collections		X		100.00
ACCOUNT NO. _____ Madison County Community Health Center 1547 Ohio Ave. P.O. Box 349 Anderson, IN 46015		6/04 Misc collections		X		55.00

Sheet no. 2 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority
ClaimsSubtotal
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

\$4,855.00

Form B6F - Cont.
(12/03)In re **Lisa M. Fortune**

Debtor

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		1/05		X		675.00
Madison County Federal Credit Union 621 E. 8th Street Anderson, IN 46016		Misc collections				
ACCOUNT NO.		8/02		X		78.00
MCI c/o Collection Co. of America P.O. Box 608 Tinley Park, IL 60477		Misc collections				
ACCOUNT NO.		9/03		X		131.00
Northwood Veterinary Hospital 3255 North State Road 9 Anderson, IN 46012		Misc vet services				
ACCOUNT NO.		8/04		X		300.00
Saint John's Health System 2015 Jackson Street Anderson, IN 46016-4339		Misc medical services				
ACCOUNT NO.		1/04		X		143.00
Tom's Total Mobile Home Service 2713 W. 53rd Street Anderson, IN 46013		Misc purchases				

Sheet no. 3 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

\$1,327.00

Form B6F - Cont.
(12/03)In re Lisa M. Fortune

Debtor

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Transworld Systems 5880 Commerce Blvd. Rohnert Park, CA 94928			12/03 Misac collections		X		79.00
ACCOUNT NO. University Pediatric Assoc. P.O. Box 1026 Indianapolis, IN 46206			11/04 Misc collections		X		52.00

Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority
ClaimsSubtotal
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)

\$131.00**\$18,540.24**

(Report also on Summary of Schedules)

Form B6G

(10/89)

In re: Lisa M. Fortune

Case No. _____

Debtor

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H

(6/90)

In re: **Lisa M. Fortune** Debtor Case No. (If known)

SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

Form B61
(12/03)In re **Lisa M. Fortune**

Case No. _____

Debtor

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	AGE
	Son	14
	Son	13
	Son	1
Employment:	DEBTOR	SPOUSE
Occupation	Letter Carrier	unemployed
Name of Employer	USPS	
How long employed	9 1/2 years	
Address of Employer	1505 Raible Ave. Anderson, IN 46015	

Income: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions
(pro rate if not paid monthly.)

DEBTOR	SPOUSE
\$ <u>3,431.00</u>	\$ <u>0.00</u>

Estimated monthly overtime

\$ <u>225.00</u>	\$ <u>0.00</u>
------------------	----------------

SUBTOTAL

\$ <u>3,656.00</u>	\$ <u>0.00</u>
--------------------	----------------

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ <u>728.50</u>	\$ <u>0.00</u>
------------------	----------------

b. Insurance

\$ <u>128.00</u>	\$ <u>0.00</u>
------------------	----------------

c. Union dues

\$ <u>38.00</u>	\$ <u>0.00</u>
-----------------	----------------

d. Other (Specify)

Bank Loan

\$ <u>55.00</u>	\$ <u>0.00</u>
-----------------	----------------

SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <u>949.50</u>	\$ <u>0.00</u>
------------------	----------------

TOTAL NET MONTHLY TAKE HOME PAY

\$ <u>2,706.50</u>	\$ <u>0.00</u>
--------------------	----------------

Regular income from operation of business or profession or farm
(attach detailed statement)

\$ <u>0.00</u>	\$ <u>0.00</u>
----------------	----------------

Income from real property

\$ <u>0.00</u>	\$ <u>0.00</u>
----------------	----------------

Interest and dividends

\$ <u>0.00</u>	\$ <u>0.00</u>
----------------	----------------

Alimony, maintenance or support payments payable to the debtor for the
debtor's use or that of dependents listed above.

\$ <u>0.00</u>	\$ <u>0.00</u>
----------------	----------------

Social security or other government assistance
(Specify)

\$ <u>0.00</u>	\$ <u>0.00</u>
----------------	----------------

Pension or retirement income

\$ <u>170.00</u>	\$ <u>0.00</u>
------------------	----------------

Other monthly income

(Specify)

\$ <u>0.00</u>	\$ <u>0.00</u>
----------------	----------------

TOTAL MONTHLY INCOME

\$ <u>2,876.50</u>	\$ <u>0.00</u>
--------------------	----------------

TOTAL COMBINED MONTHLY INCOME

\$ 2,876.50

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

NONE

A. Total projected monthly income	\$	_____
B. Total projected monthly expenses	\$	_____
C. Excess income (A minus B)	\$	_____
D. Total amount to be paid into plan each _____ (interval)	\$	_____

Official Form 6 - Cont.
(12/03)

In re: Lisa M. Fortune
Debtor

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18
(Total shown on summary page plus 1.)
sheets plus the summary page, and that they are true and correct to the best of my knowledge, information, and belief.

Date:

4-14-05

Signature:

Lisa M. Fortune
Lisa M. Fortune

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

Form 7
(12/03)UNITED STATES BANKRUPTCY COURT
Southern District of IndianaIn re: **Lisa M. Fortune**
XXX-XX-9471

Case No. _____

Chapter **7****STATEMENT OF FINANCIAL AFFAIRS****1. Income from employment or operation of business**

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
34,187.00	Employment	2003
35,104.00	Employment	2004
13,601.72	Employment	2005

2. Income other than from employment or operation of business

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
--------	--------	--------------------

3. Payments to creditors

None

☐

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Community Hospital Of Anderson P.O. Box 5997 Indianapolis, IN 46255	February, March and April, 2005	1,077.00	3,500.00

b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

☐

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Paul Eschbacher Fellow worker	2/1/2005 Loaned debtor money while she was off work	1,500.00	0.00

4. Suits and administrative proceedings, executions, garnishments and attachments

None
☐

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Community Health Network a/k/a Community Hospitals Indianapolis, by Medshield Inc. vs. Lisa M. Fortune 49K02-0312-SC-6218	Collections.	Marion County Small Claims Courtq Decatur Township Division Indianapolis, IN	Garnishment

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None
☐

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Community Health Network c/o Joseph S. Schaefer, Esq. 5514 N. Tacoma Ave., #105 Indianapolis, IN 46220		Weekly Garnishment - 25%

5. Repossessions, foreclosures and returns

None
☒

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	---	---

6. Assignments and receiverships

None
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
---------------------------------	-----------------------	---

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None
☒

NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	---	------------------	---

7. Gifts

None
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------------	-----------------	-------------------------------------

8. Losses

None
☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	--	-----------------

9. Payments related to debt counseling or bankruptcy

None
☒

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
------------------------------	---	--

10. Other transfers

None
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY
TRANSFERRED
AND VALUE RECEIVED**11. Closed financial accounts**

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF INSTITUTIONTYPE OF ACCOUNT, LAST FOUR
DIGITS OF ACCOUNT NUMBER,
AND AMOUNT OF FINAL BALANCEAMOUNT AND
DATE OF SALE
OR CLOSINGMadison County Federal Credit Union
Anderson, INChecking
0.00

January, 2005

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF BANK OR
OTHER DEPOSITORYNAMES AND ADDRESSES
OF THOSE WITH ACCESS
TO BOX OR DEPOSITORYDESCRIPTION
OF
CONTENTSDATE OF TRANSFER
OR SURRENDER,
IF ANY**13. Setoffs**

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF
SETOFFAMOUNT OF
SETOFF**14. Property held for another person**

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS
OF OWNERDESCRIPTION AND VALUE
OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None



If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
1902 Edgemont Way Anderson, IN 46011	Same	June, 1998-10/2003

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	--------------------------

18. Nature, location and name of business

None

☒

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NUMBER	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	-------------------------	---------	--------------------	-------------------------------

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

☒

NAME

ADDRESS

* * * * *

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date

4-14-05

Signature
of Debtor

Lisa M. Fortune
Lisa M. Fortune

Official Form 8
(12/03)UNITED STATES BANKRUPTCY COURT
Southern District of IndianaIn re: **Lisa M. Fortune**
XXX-XX-9471Case No. _____
Chapter **7****CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

1. I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. I intend to do the following with respect to the property of the estate which secures those consumer debts:

a. *Property To Be Surrendered.*


Description of Property

Creditor's Name

Noneb. *Property To Be Retained.**[Check any applicable statement.]*

Description of Property	Creditor's Name	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)	Other
1. 1995 Pontiac Transport Van	CNAC			X	

Date: 4-14-05


 Signature of Debtor

**UNITED STATES BANKRUPTCY COURT
Southern District of Indiana**

In re: **Lisa M. Fortune**

Case No. _____

Chapter 7

Debtor

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>450.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>450.00</u>

2. The source of compensation paid to me was:

☐ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

None

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 4-14-05

Thomas P. Burke
Thomas P. Burke, Bar No. 3010-48

Thomas P. Burke
Attorney for Debtor(s)

UNITED STATES BANKRUPTCY COURT
Southern District of Indiana

In re: **Lisa M. Fortune**
XXX-XX-9471

Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 1 sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: 4-14-05

Signed: 

Lisa M. Fortune

Signed: 

Thomas P. Burke

Bar No.

3010-48

Lisa M. Fortune
1810 W. 53rd Street, Lot D5
Anderson, IN 46013

CNAC
311 South Scatterfield Road
Anderson, IN 46012

Madison County Federal Credit
621 E. 8th Street
Anderson, IN 46016

Thomas P. Burke
Thomas P. Burke
410 West Ninth Street
Anderson, IN 46016

Collection Specialists, Inc.
P.O. Box 1156
Anderson, IN 46015

MCI
c/o Collection Co. of America
P.O. Box 608
Tinley Park, IL 60477

Al Cash Advance
1910 East 53rd Street
Anderson, IN 46013

Community Health Network
c/o Joseph S. Schaefer, Esq.
5514 N. Tacoma Ave., #105
Indianapolis, IN 46220

Northwood Veterinary Hospital
3255 North State Road 9
Anderson, IN 46012

Anderson Community Schools
1229 Lincoln Street
Anderson, IN 46016

Community Hospital Of Anderson
P.O. Box 5997
Indianapolis, IN 46255

Saint John's Health System
2015 Jackson Street
Anderson, IN 46016-4339

Anderson Psychiatric Clinic
431 W. 9th Street
Anderson, IN 46016

Community OBGYN
1130 Medical Arts Blvd., 250
Anderson, IN 46011

Tom's Total Mobile Home Servic
2713 W. 53rd Street
Anderson, IN 46013

Brauchla Television & Appliance
1800 W. 8th Street
Anderson, IN 46016

Computer Credit, Inc.
P.O. Box 5238
Winston-Salem, NC 27113

Transworld Systems
5880 Commerce Blvd.
Rohnert Park, CA 94928

Capital One
c/o National Action Financial S
P.O. Box 9027
Williamsville, NY 14231

Jada Sparks
1 Jackson Street
Anderson, IN 46016

University Pediatric Assoc.
P.O. Box 1026
Indianapolis, IN 46206

Cashland
510 S. Scatterfield Road
Anderson, IN 46012

Landmark Accounts
1010 W. 8th Street, Ste. 1
Anderson, IN 46016-2660

Clarian Health
2212 Reliable Parkway
Chicago, IL 60686-0022

Madison County Community Healt
1547 Ohio Ave.
P.O. Box 349
Anderson, IN 46015